

Provider Communication

Subject: Pharmacy: April 26, 2010 Update	Priority: High
Date: April 22, 2010	Message ID: ACSBNR04222010_1

Dear Pharmacy Provider:

System Downtime:

The SXC claims processing system will be unavailable due to planned maintenance on Thursday, April 29th, between 2:30-5:30 a.m. EST. Claims needing to be submitted during these periods should be held until the maintenance is completed. Georgia Medicaid apologizes for any inconvenience this downtime may cause.

Revised Covered Insulin Syringes & Pen Needles Product List:

Effective May 1st, 2010

For a complete and current list of covered insulin syringes and pen needles (including applicable Georgia Maximum Allowable Cost (GMAC) prices) please refer to www.ghp.georgia.gov → Provider Information → Pharmacy Services Overview → View Full Text → Other Pharmacy Documents → Covered Insulin Syringes and Pen Needles.

SXC Provider Satisfaction Survey:

SXC Health Solutions is committed to continually meet, and strive to exceed, the service and business requirements of our clients and providers. Please assist us by completing this year's online survey based on your experience with SXC's administration of the Georgia Medicaid Fee-for-Service/PeachCare for Kids program. Please note, this only includes service provided by SXC and does **NOT** include your experience with the Care Management Organization (CMO) plans (i.e. Wellcare, Peach State, or Amerigroup) or ACS, the Georgia Medicaid Fiscal Agent.

You may access the survey online from SXC's Provider Portal homepage at <https://ga.providerportal.sxc.com>. This survey will take approximately 3 minutes to complete. If you are a corporate chain, please forward this information to each of your pharmacies so we may get every store's response. Your feedback is very important to us, and we thank you in advance for your participation.

Revised April 13, 2010

Brand Preferred Products – Exceptions To The ‘Generics Are Preferred And Mandatory’ Policy			
Preferred (Brand)	Non-Preferred (Generic)	Preferred (Brand)	Non-Preferred (Generic)
Acular ophth. soln.	ketorolac 0.5% ophth. soln.	Mirapex	pramipexole
Acular LS ophth. soln.	ketorolac 0.4% ophth. soln.	Optivar ophth. soln.	azelastine ophth. soln.
Adderall XR	amphetamine salt combination SR	Ortho-Novum 7/7/7	nortrel 7/7/7, necon 7/7/7 generic (norethindrone-ethinyl estradiol 0.5-35/0.75-35/1-35 mg-mcg)
Alkeran inj.	melphalan inj.	Ortho Tri-cyclen Lo	tri-lo sprintec
Alphagan-P 0.15% ophth. soln.	brimonidine 0.15% oph. soln.	Paxil CR	paroxetine SR
Altace caps	ramipril caps	PhosLo	calcium acetate caps
Augmentin susp. 250/5ml	amoxicillin/clavulanate susp. 250/5ml	Prograf	tacrolimus
Axid soln.	nizatidine soln.	Proscar	finasteride
Benzaclin gel 1-5%	clindamycin phosphate-benzoyl peroxide 1-5%	Pulmicort inhalation susp.	budesonide inhalation susp.
Catapres TTS patch	clonidine patch	Razadyne/Razadyne ER	galantamine/galantamine er
Cortrosyn	cosyntropin	Seromycin	cycloserine
Corzide	nadolol/bendroflumethiazide	Starlix	nateglinide
Cosopt ophth. soln.	dorzolamide-timolol ophth. soln.	Subutex	buprenorphine

Brand Preferred Products – Exceptions To The ‘Generics Are Preferred And Mandatory’ Policy

Preferred (Brand)	Non-Preferred (Generic)	Preferred (Brand)	Non-Preferred (Generic)
Cytomel	liothyronine	Tobradex ophth. susp.	tobramycin-dexamethasone ophth. susp.
Depakote DR/sprinkles	divalproex DR/sprinkles	Topamax sprinkles	topiramate sprinkles
Diamox	acetazolamide	Trileptal susp.	oxcarbazepine susp.
Dovonex soln.	calcipotriene soln.	Trusopt ophth. soln.	dorzolamide ophth. soln.
Kenalog-10,-40 inj.	triamcinolone acetonide inj. 10mg/ml, 40mg/ml	Urso tabs	ursodiol tabs
Lopressor HCT	metoprolol/HCTZ	Valtrex	valacyclovir
Loprox gel	ciclopirox gel	Vibramycin oral susp.	doxycycline oral susp.
Lotrel	amlodipine/benazepril	Wellbutrin XL 150mg	bupropion/budeprion XL 150mg
Marinol	dronabinol	Zosyn 4-0.5GM	piperacillin sodium-tazobactam sodium 4-0.5GM

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Non-Preferred Brands And Generics			
Non-Preferred (Brand)+	Non-Preferred (Generic)+	Non-Preferred (Brand)+	Non-Preferred (Generic)+
Aceon	perindopril^	Nasarel	flunisolide
Actiq	fentanyl citrate	Oxycontin	oxycodone ER
Activella	estradiol/norethindrone	Prenatal Vitamins w/DHA (brand)	Prenatal Vitamins w/DHA (generic)
Adoxa/Monodox	doxycycline monohydrate	Prevacid	lansoprazole^
Clozaril	clozapine	Prilosec	omeprazole
Colazal	balsalazide	Protonix	pantoprazole
Duoneb	ipratropium/albuterol neb.	Salkera	salicylic aer 6%^
Fibricor	fenofibric acid	Sarafem	selfemra
Inspira	eplerenone	Solodyn	minocycline SR
Iopidine 0.5%	apraclonidine 0.5%^	Sular	nisoldipine
Isopto Carpine	pilocarpine ophth.	Ultralytic 2	Uramaxin 2% foam
Kytril	granisetron	Ultram ER	tramadol er
Lamictal kits (immediate-release)	lamotrigine kits (immediate-release)	Uramaxin gel 45%	urea nail gel 45%
Lofibra	fenofibrate	Voltaren ophth. soln.	diclofenac ophth. soln.^



Non-Preferred Brands And Generics			
Non-Preferred (Brand)+	Non-Preferred (Generic)+	Non-Preferred (Brand)+	Non-Preferred (Generic)+
Loprox shampoo	ciclopirox shampoo	Xopenex neb 1.25/0.5	levalbuterol neb 1.25/0.5^
Mobic	meloxicam susp.*	Yasmin	ocella
Neobenz	Pacnex (benzoyl peroxide)		
<p>^If a PA is authorized, the brand product is preferred.</p> <p>*meloxicam tabs are preferred</p> <p>+In general, PA is required for most Non-Preferred Brands and Non-Preferred Generics.</p>			

Please share all of this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. We thank you for your continued service and participation in the Georgia Medicaid & PeachCare for Kids Programs.

Division of Medical Assistance
Pharmacy Services Unit
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